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T-755 P.004/007 F-154

JAN 24 2005

Attorney Docket: 009270-0306173
Client Reference: 50G30519-USA-CT

REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER ART UNIT 2876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of: IMAZUKA
Application No.: 10/679,274

Confirmation Number: 3806
Group Art Unit: 2876

Filed: October 7, 2003

Examiner: Lee, Seung H.

Title: GATE SYSTEM

RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant provides the following response to the Office Action dated November 16,
2004.

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KATSUO IMAZUKA

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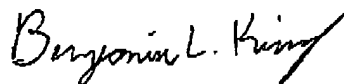
Title: GATE SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8**

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 on the date shown below: Amendment, Cover Letter, Terminal Disclaimer, Statement Under 37 C.F.R. 3.73(b), and Fee Transmittal.

PILLSBURY WINTHROP LLP



BENJAMIN L. KIERSZ
Reg. No. 51875

Date: January 24, 2005
P.O. Box 10500
McLean, VA 22102
Telephone: (703) 905-2000
Facsimile: (703) 905-2500

(Certification of Facsimile Transmission—page 1)

PTO/SB/17 (12-04)
Approved for use through 07/31/2005. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/679,274
		Filing Date	October 7, 2003
		First Named Inventor	KATSUO IMAZUKA
		Examiner Name	Lee, Seung H.
		Art Unit	2876
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	009270-0306173
TOTAL AMOUNT OF PAYMENT		(\$) 130	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	150	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	500	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
<u>Fee Description</u>							<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							350
<u>Total Claims</u> - 20 or HP = <u>Extra Claims</u> X <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>							
<u>HP</u> = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u> - 3 or HP = <u>Extra Claims</u> X <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>							
<u>HP</u> = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____	100 =	150 =	(round up to a whole number) x 250.00 =	_____			
4. OTHER FEE(S)							
Non-English Specification, 130 fee (no small entity discount)							_____
Other: Statutory Disclaimer							130.00

SUBMITTED BY		Registration No.	Telephone
<u>Signature</u>	<u>Benjamin L. Kiersz</u>	<u>(Attorney/Agent)</u> 51875	703.905.2114
<u>Name (Print/Type)</u>	Benjamin L. Kiersz		<u>Date</u> January 24, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	2	- 20	= 0	x \$ 50.00	= \$ 0.00
INDEP.	1	- 3	= 0	x \$ 200.00	= \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 360.00	= \$ 0.00
TOTAL ADDITIONAL CLAIM FEE					\$ 0.00
GRAND TOTAL					\$ 0.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: January 24, 2005
PILLSBURY WINTHROP LLP
P.O. Box 10500
McLean, VA 22102
703.905.2114

Benjamin L. Kiersz
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